DOCUMENT RESUME

ED 101 372 CS 201 833

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TITLE Is Chile a Food, A Description of Weather, Or Why Black Children Do Poorly on the WISC (Wechslers Intelligence Scale for Children).
PUB DATE Sep 74
NOTE 16p.; Paper presented at the Annual Meeting of the American Psychological Association (New Orleans, September, 1974)

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS Child Development Centers; *Cognitive Development; Concept Teaching; Diagnostic Teaching; *Disadvantaged Youth; Experimental Teaching; Group Intelligence Tests; *Inner City; Intelligence; *Intelligence Quotient; *Intelligence Tests; Negro Youth; Spanish Speaking; Urban Youth
IDENTIFIERS New York City; *Wechslers Intelligence Scale for Children

ABSTRACT

Inner city children have suffered indiscriminately from strict, illogical scoring of standardized IQ tests which do not credit children with thoughtful responses accurately reflecting their experiences and backgrounds. As a result, IQ scores too often doom these children to learning situations for children of lower mentality levels than their own. Staff at the Northside Center for Child Development are experimenting with a teaching method which is based on three radical assumptions: children can be taught what they did know on IQ tests; it is important that children be instructed in concept formation; and children enjoy cognitive play--thinking is challenging and fun. (Two tables of IQ scores, both original and reassessed, are included.) (JM)

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Is Chile A Food, A Description of Weather, Or Why Black Children Do Poorly On The WISC

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Summary: The investigation studied the type and frequencies of error on four verbal subtests of the WISC which contributed to the lowered average IQ scores of 131 black and Spanish-speaking inner city children tested at a child guidance center during one year. Special focus was on that sector of the population scoring 89 or below (N=75). More meaningful rescoring revealed that 11 of these youngsters were unjustly classified. Of 20 who, on the basis of their formal IQ scores, would, in New York, be placed in classes for children of retarded mental development, five would have been falsely so slotted, and miseducated as retarded. A radical approach to testing in inner city communities is offered: that the WISC be used not only as a testing procedure, but also as a learning experience.

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For the past fifteen years, I have functioned in Harlem as a psychologist at the Northside Center for Child Development. This child guidance clinic was founded almost three decades ago by Kenneth and Mamie Clark primarily to rescue from out of the CRMD* classes in that section of the inner city the hundreds of children criminally placed there by the standardized administration of group IQ tests to elementary grade pupils.

The Center, as you can deduce from its very name, accredited as a psychiatric clinic, was basically concerned with child development, with a stated focus on contributing towards the healthy growth of children in the black community rather than ministering to and treating as uppermost their pathological components. One pathological component, which was not so nominated by the psychiatric manuals, was the suffocating atmosphere of lowered self-esteem which blanketed both the parents and children who lived in the Harlem community. This ego devaluation was being fostered and perpetuated not only by the economic disadvantages which all people who live in poverty and frustration experience, but also and equally by its terrible side effect of minimal educational standards being set for the schools of this community. The justification for this tragic directive was the so-called "inferior" IQ's of its children.

Because of the importance of challenging the results of group IQ tests which, in the inner city community, provided a high population for the CRMD classes and no population at all for the IGC** classes, Northside gave each child referred to it an individual IQ test. This practice still persists, but under altered conditions which I will discuss shortly.

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* Children of Retarded Mental Development

** Intellectually Gifted Children

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With an average of approximately 150 WISC administrations a year, over 2,000 test protocols were overviewed. The conclusions all our psychologists arrived at during this period were 1. many of the children's responses, scored as wrong according to the manual, were the result of forethought, foreknowledge and experience, and that these therefore should have been given credit; and 2. both psychometrician and child were being kept in a bind. Because the agency was challenging the assessments given by the schools, it had to guarantee its results of IQ testing as beyond question or reproach; it had to administer a standardized test and score according to Hoyle.

As we all know, in the middle 60's it became fashionable to write theoretically about the fallibility of the IQ in assessing black children, or children of other minority groups: that their cultural experiences; their use of the language; their inadequate schooling, their own reading scores; their "inadequate" family structure - all contributed to prevent them from becoming normally intelligent youngsters. Then came, not unexpectedly in our racist culture, the resurgence of that cyclical canard about genetically inferior groups - a canard periodically dredged up whenever a breakthrough for equality is imminent. No matter what, they just couldn't be "normal!"

All this brouhaha, added to our Northside experiences with our population, added to the significant development of a community approach to psychology, persuaded us to overview one typical year's WISC results (1972-1973). Our population now included a much higher percentage of the Spanish-speaking minority. We wanted data on what real live children from the real live Harlem community

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were telling us about their own lively intelligence, not only where their IQ scores fell. Table 1 gives you one side of the question.

(Insert Table 1 here)

It is important to emphasize, at this point, that the youngsters being assessed had been referred to the Center for a multitude of so-called clinical reasons. Presenting complaints were behavioral deviations and/or gross school failure of all varieties, compounded by teacher and/or parental helplessness to deal appropriately with either problem.

Table 1 does indicate that our full scale IQ mean and Standard Deviation corroborate earlier statistical results which promulgated that the inner city minority child scored, as a general rule, within this range. But, remember, this was a "clinical", not a "normal" population, and the question we asked ourselves was whether, if we were testing an equal number of so-called "normal" inner city children, the results would have been identical? Is not the likelihood more possible that the scores could have been closer to the accepted mean?

But what concerned us particularly was the scoring procedures we religiously abided by with that percentage of our youngsters characterized as of borderline intelligence or mentally retarded (at 89 IQ or below). (Of interest to psychologists: The diagnostic manual issued by the American Psychiatric Association and in use nationally considers an IQ of 85 the cut-off point suggesting mental retardation.)

Our data revealed that of our total N of 131, over 50% were in this category and, within this low IQ group, therewere twice as many boys as girls. Table 1 provides this information as well.

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We then studied four of the verbal subtests- subtests more often yielding alternative answers which, by our lights, although scored as incorrect, reflected the manual's rather than the subject's deficiencies. Let me g_ve you some examples.

On the Information subtest, the child was asked, "What does the stomach do?" Well, said our children, it growls, it rumbles, it grumbles, it aches, it feels empty, it feels full, it holds the food. Zero score for all of these!* Ask yourself whether, without any scientific or physiological introduction to the question offered by the examiner, a child giving any of those various answers would not be supplying information based on real experience?

Where is Chile? we asked the child. He answered at the North Pole or where the Eskimo lives or when it's cold outside or on a sandwich or something you eat that's hot. Any one of these answers could have legitimately reflected acquisition of information, but not the one the manual asked for, so our child was denied credit.

Or again: When asked what C.O.D. means, if an inner city child answered a fish, or someone you pray to, you might fault his spelling in the second response, but was he wrong? especially since he didn't see the punctuation which indicated an abbreviation?**

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* Only the final answer is now also considered acceptable in the 1974 revised WISC.

** In the revised WISC, the wording of the former question has been altered to remove the ambiguity, and the latter question has been eliminated, but for a quarter of a century how many kids have lost credit which, in some way or other in the area of this particular subtest, had some effect on the final IQ score?

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Let us go to the Comprehension subtest! Why was it better to pay bills by check than by cash? So far as the inner city population is concerned, how many purchasers among the poor have their personal checks (relief checks exempted) honored by storekeepers, if in fact they do have personal checking accounts? The question about what you would do if you were sent to purchase a loaf of bread and the grocer said he didn't have any raises an alternative answer- and not necessarily a reflection of dependency needs. Certainly there has been enough criminal molestation of children in the inner city to justify enjoining a child not to go too far afield nor stay out too long on an errand.

The Similarities subtest provided our investigation with an interesting phenomenon. Remember, our population were all children scoring borderline or retarded in intelligence. Yet, on Table 2 it can be observed that this subtest yielded the highest mean score, and this is the subtest which Wechsler himself considered highly indicative of intellectual potential. In this area, also, we challenged some of the questions.

(Insert Table 2 here)

It is open to debate whether the seasonal and often highly priced peach and plum should be the opening gambit.* Further, for my generation and my background, the violin was a familiar and oft-studied instrument. How many of our kids see that fragile piece of shaped wood around the house or in combos on TV? (Frankly, I should like to propose that a response nominating musical instruments as pieces of electrical equipment should deserve at least a score of 1. I have seen more wires crisscrossing each

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* As a matter of fact, the revised WISC has changed the fruits to apple and banana.

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other at a rock concert than appear in the inner workings of a TV set.) And when was the last time our city kids had a real experience with coal, or thought of paper as anything other than what you did your homework on or used in the bathroom? What English-speaking kid would offer that they were both carbons when carbon is that piece of dark blue paper which makes copies for you if you don't use a photocopier? That paper and coal are both fuel seems to me more the product of acquired information than high level conceptualization.

Or, take Vocabulary! "Cushion" comes far too early in the listing. All of the children we questioned afterwards who failed cushion knew what pillow was. Depending upon the upholstery in your home, how frequently do you use the word? As for "fur" - was it a tree? a number? or a skin that kept you warm? Are we dealing with auditory perception or intelligence when a child says that spade is what the astronauts travel in? Or - and since I am a poker player I am familiar with how we reveal our cards - I, too, say when I turn over a card, "It's a spade!" If, logically, a card is a spade, then a spade is a card, or so the child experienced it.

And, when we came to "sword" we were again presented with an auditory perceptual ambiguity. Was it to fly like Jonathan Seagull? Was it what cuts wood? Was it when you saw someone climb up a ladder? But wouldn't you agree that "sword" was not necessarily a useful weapon for assaying intelligence?

Hero was a sandwich! Wrong! To join, said a youngster was "like to join a club." Yes, but what does "to join" mean, you repeated, like a good psychometrician. Since the child didn't

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know he was missing the point, he wondered why you were badgering him. "You know," he answered, "like you join the boy scouts. Say, lady, don't you understand English?" So we went on to the next word.....

All of these "wrong" answers came from the protocols of children with IQ's of 89 or below. What we therefore did with our data was rescore some of these responses and, when we felt that forethought and foreknowledge and experience invested the given answer with intelligence, we upgraded the scores for the purpose of this presentation.

Eleven youngsters of the 75, we concluded, were slotted into lower categories than were warranted by the substance of their responses: three who scored 69 or below moved into the borderline category; four moved from borderline into dull normal and four out of dull normal into the average category. Table 2 summarizes this information. Now, this may not have had statistical significance, but it certainly could have had practical and human significance for the children involved.

Since, in New York, children with IQ's of 75 or below are placed in CRMD classes (children with retarded mental development), out of the 20 youngsters who scored as being eligible, only 15 would have remained in that questionable category if we had scored with more flexibility and insight. And I repeat, we overviewed only four of the 10 subtests to arrive at this estimate.

Remember, also, these WISC results represent one year's overview in one small clinic in Harlem. The WISC has been in use since 1949! How many children throughout the world, in the past quarter of the century, subjected to a formal administration of this battery, have had their intellectual potential misjudged and their intelligence falsely assessed?

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It goes without saying that, at Northside, our total assessment of the child and our attention to intra-and intertest variability do not defer to the numerical IQ score.

Even this, however, is not enough for an agency devoted to child development! We decided to test out, therefore, whether the assessment device could not also serve as a teaching device. As serious psychologists, we felt we could not permanently advocate the infallibility of our instruments (the current revision of the WISC is ample admission of its previous failings), nor could we remain staunch in our conviction that we possessed the highest level of insight into the intellectual potential of the child, nor were we brash enough to suggest that we could always perceptively evaluate the special coping mechanisms of the inner city community.

There really is only one asset that we may be able to lay claim to and that is that we have a moral, social and community commitment to help these children develop towards their full potential. Where the school fails, or the environment limits, we have the professional responsibility not only to recognize but also to realize potential.

Have we the temerity to transform the concept of the intelligence test into a teaching procedure without necessarily perverting the test standards or design? Can it be done?

We have been experimenting with this method at Northside. No, we do not tamper with the scoring procedure, nor the sequence of subtests, nor do we falsely upgrade answers. But we do operate on a set of principles and a concept of intelligence which we should like now to share with you.

Three radical assumptions provide the rationale for going beyond the testing procedures. The first of these stemmed from

the remarks that Professor Alexander Luria made at the 37th Annual Meeting of the American Orthopsychiatric Association in Chicago, in 1960. The distinguished neurophysiologist and psychologist was being questioned about the Soviet Union's limited use of the IQ test as an objective method for assessing intelligence. He responded by stating that IQ tests were used in his country, but not for the purpose of establishing the child's IQ; rather for the purpose of elevating it. After the testing, he explained, the child was taught what he did not know, the instruction based on giving him an understanding of the cognitive skills employed in developing the appropriate "set" for answering the questions. If, at a later date, retesting indicated the testee had retained this knowledge, hadn't he proven himself more intelligent? Dr. Luria said, in effect, "you see, we value our people! We want them to be as intelligent as possible, so our psychologists help them."

At Northside Center, we find the WISC a useful battery for an evaluation of intelligence, but we have developed, concurrently with the evaluative procedures, a teaching experience which we call the "Luria approach."

The second assumption is closely related to the first. A year or so after Luria's visit to the States, M.I.T. (1962) published the translation of Lev Vigotsky's "Thought and Language," with an introduction by Jerome Bruner. There the definition of intelligence was offered as "the ability to benefit from instruction." I wish more of us, immersed as we presently are in studying and teaching Piaget's theories about the developmental growth stages of intelligence, would become equally acquainted with the dynamic insightful writings of Vigotsky. His thesis was always to stress

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the importance of instructing the child in concept formation. He was critical of the premise that such conceptual growth was - or should remain-spontaneous. "In operating with spontaneous concepts," he averred, "the child is not conscious of them because his attention is always centered on the object to which the concept refers, never on the act of thought itself." (italics ours). Vigotsky urged that the school child be motivated towards the solution of problems which went beyond his current intellectual functioning towards his "proximal zone of intelligence."

At Northside, we have translated this approach into a method which concretely aims at developing the abstract attitude in young children. This we do immediately after administering the WISC and indicate - at the level of the child's current functioning - how he can move on to the next proximal zone, by teaching him the appropriate set for dealing with different types of problems.

The third assumption derives from Northside's own experience with its population. Over and over again, we encountered the same response: that, removed from the imperatives of school-oriented materials, separated from the performance of text-book chores, parents and children enjoyed engaging in cognitive play; that it was possible to involve this community in a creative brain-storming experience where they became convinced that thinking could be challenging and fun.

These three assumptions subsumed a program for working with children, their parents, with teachers of these children, and with paraprofessionals who offered services to these children. Today, Northside is engaged in a program of using the "Luria approach" in its testing procedures (without altering the objective assessment of the child required by the agency of referral), and, additionally,

of conducting a series of ongoing workshops called "Doing your own Think" where developing skills and techniques in thinking qua thinking are stressed.*

Many and various programs have been instituted over the United States to increase the intellectual potential (or the IQ performance) of youngsters in the inner city community. Some of these programs train mothers in ways of stimulating their children immediately after birth. Others program offer preschool stimulation with toys and books. There are Head Starts, Follow Throughs, Open Classrooms, Montessori Methods, ad infinitum.

Hardware programs are instituted by the producers of electronics; software products are promoted by text book publishers. Educational artifacts and playthings are promulgated by toy manufacturers. And all of these money-making manufacturers have their supportive stable of psychologist endorsers.

At Northside, we work with the material always and freely at hand: the brain of the youngster. He is possessed of an irrepressible desire to learn how to use his own faculties; he does experience a tremendous ego boost when he becomes aware of his own intelligence.

Our communities need community psychologists whose skills transcend academic training, whose insights begin where the manuals leave off, and who are possessed of the unbudgable conviction that we are dealing with an intelligent population and that our job is not only to test, nor to investigate, but also to teach and to learn how to teach.

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* See Journal of Orthopsychiatry, July 1974, "Doing your own Think" by this author.

We have to radicalize our approach to testing, not by eliminating an individualized IQ battery entirely (the revised WISC which we are now using seems at this point a better assessment device than its predecessor), but by liberating ourselves from the strictures placed on us by manuals or by academicians. We owe this not only to ourselves or our professional stance, but more importantly to the community which, for all these years, has suffered from our limitations and our rigidities.

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TABLE 1

MEANS, STANDARD DEVIATIONS AND RANGE OF WISC SCORES FOR TOTAL CLINIC POPULATION (during one year) AND ALSO FOR POPULATION WITH IQ SCORES OF 89 AND BELOW

	VERBAL	PERFORMANCE	FULL SCALE
Total Group N-131			
Mean	86.82	91.47	88.02
SD	14.75	16.32	15.23
Range	58-126	53-139	51-136
Boys N-93			
Mean	87.3	92.4	88.7
SD	14.66	16.58	15.43
Range	58-123	53-135	51-125
Girls N-38			
Mean	85.5	89.1	86.3
SD	14.87	15.41	14.58
Range	60-126	57-139	54-136
Select Group N-75* (IQ's=89 or below)			
Mean	78.7	81.7	78.2
SD	9.99	10.41	8.64
Range	58-100	53-104	51-189

* Boys (N=53)and Girls (N=22) combined.

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TABLE 2

MEANS AND STANDARD DEVIATIONS BEFORE AND AFTER REASSESSMENT OF FOUR VERBAL SUBTESTS OF THE WISC AND ITS EFFECT ON FULL SCALE IQ OF CLINIC POPULATION WHOSE IQ's WERE 89 OR BELOW

N=75	Original	Reassessed
General Information (scaled scores)		
Mean	5.96	6.36
SD	1.91	1.98
Comprehension		
Mean	6.73	7.15
SD	2.14	2.23
Similarities		
Mean	7.64	8.52
SD	2.35	2.73
Vocabulary		
Mean	5.92	6.83
SD	2.06	2.36
Verbal IQ Score		
Mean	78.7	81.68
SD	9.99	10.75
Full Scale IQ Score		
Mean	78.2	80.31
SD	8.64	8.87

Northside Center
August 1974